

Message Text

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ACTION SCSE-00

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O 110840Z JUL 74

FM AMEMBASSY ABU DHABI

TO SECSTATE WASHDC NIACT IMMEDIATE 1796

UNCLAS ABU DHABI 0916

EO 11652: NA

TAGS: CASC: (THOMPSON, H. CAMERON)

SUBJ: SCS/MEDEVAC

REF: A. STATE 148445

B. ABU DHABI 0893

1. DR. A. L. HONEYMAN, DIRECTOR OF RASHID HOSPITAL, DUBAI, UNITED ARAB EMIRATES (TELEPHONE DUBAI 32020) AND ATTENDING PHYSICIAN, DR. CHINCHANWALA, RECOMMENDING SOONEST POSSIBLE MEDEVAC TO UNITED STATES. DOES NOT APPEAR TO BE CASE OF LIFESAVING MEDEVAC AT THIS TIME, BUT BOTH DOCTORS WISH HIM MOVED WHILE CONDITION "STABLE", AS IT SEEMS NOW.
2. PARAS THREE THRU SIX BELOW IS TEXT OF LETTER FROM DR. HONEYMAN TO EMBASSY DATED JULY 10, 1974.
3. QUOTE: THOMPSON AT PRESENT IN RASHID HOSPITAL UNDER CARE OF G.A. CHINCHANWALA, F.R.C.S. THOMPSON IS A QUADRAPLEGIC (PARALYZED) AS RESULT OF A FRACTURE TO HIS CERVICAL SPINE. HE IS AT PRESENT ON A VENTILATOR.
4. QUOTE: TREATMENT OF THIS MAN'S CONDITION IS A LONG-TERC PROCESS, AND HE WOULD BENEFIT FROM MEDICAL ATTENTION IN A CENTER WHICH SPECIALIZES IN THIS CONDITION. AS HE REQUIRES ASSISTED RESPIRATION WITH A VENTILATOR CONTINUOUSLY, IT IS IMPOSSIBLE TO EVACUATE HIM BY NORMAL COMMERCIAL AIRCRAFT.
5. QUOTE: IN MY OPINION, THE ONLY WAY THAT THIS MAN CAN BE EVACUATED SPEEDILY AND SAFELY TO THE US WOULD BE IF A MILITARY

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HOSPITAL AIRCRAFT WERE MADE AVAILABLE.

6. QUOTE: I HOPE YOU WILL BE ABLE TO ASSIST IN THIS MATTER, AND I WOULD BE GRATEFUL IF YOU WOULD LET ME KNOW AS SOON AS POSSIBLE WHETHER THE PATIENT CAN BE EVACUATED IN THIS WAY. END QUOTE

7. PARAS EIGHT THRU ELEVEN BELOW IS TEXT OF MEDICAL REPORT ON THOMPSON BY DR. CHINCHANWALA DATED 9 JULY 1974.

8. QUOTE: THIS MAN WAS ADMITTED ON THE 28TH OF JUNE 1974 WITH A HISTORY OF HAVING DIVED INTO THE SHALLOW END OF A SWIMMING POOL, WHICH RESULTED IN A FRACTURE DISLOCATION OF THE FIFTH CERVICAL VERTEBRA OVER THE SIXTH. THIS CAUSED IMMEDIATE FLACCID QUADRIPLÉGIA.

9. QUOTE: EXAMINATION SHOWED FLACCID PARALYSIS OF BOTH LOWER LIMBS AND OF ALL THE TSCLES IN THE UPPER LIMBS SUPPLIED BY C7, C8, AND T1.

10. QUOTE: HE WAS IMMEDIATELY PUT ON SKELETAL TRACTION BY APPLICATION OF A SKULL CALIPER AND ALL SUPPORTIVE MEASURES SUCH AS GENERAL NURSING, SKIN CARE, ETC., WERE STARTED. THE BLADDER WAS CATHETERIZED WITH A FOLEY CATHETER AND HE WAS PUT ON A URINARY ANTISEPTIC (AMPICILLIN 250 MGS 6 HOURLY). HE DEVELOPED CONSIDERABLE BREATHING DIFFICULTY AND CHESTINESS, PROBABLY DUE TO INHALATION OF SOME WATER AT THE TIME OF THE ACCIDENT, AND IN CONSULTATION WITH OUR ANAESTHETIC DEPARTMENT IT WAS DECIDED TO PASS ON ENDOTRACHEAL TUBE FORASUCTION PURPOSES AS WELL AS TO PUT HIM ON A VENTILATOR TO ASSIST HIM IN HIS BREATHING.

11. QUOTE: AT THE MOMENT, HE IS BEING NURSED ON A STRYKER CIRCULAR BED AND HAS SETTLED WELL ON IT. HIS CHEST IS GRADUALLY SHOWING SIGNS OF IMPROVEMENT. HE STILL NEEDS A VENTILATOR. THERE HAS BEEN ABSOLUTELY NO RECOVERY AS FAR AS THE PARALYSIS AND LOSS OF SENSATION IS CONCERNED. END QUOTE.

12. EARLIER, ON JULY 3, THOMPSON'S ASSOCIATE, MR. REX BURCH, RECEIVED A MESSAGE FROM D.E. BOWMAN OF CAMCRAFT'S HOME OFFICE WHICH PROVIDED THE PROFESSIONAL OPINION OF DR. EDWARD S. CONNELLY, OCHNER FOUNDATION, JEFFERSON HIGHWAY, JEFFERSON PARISH, NEW UNCLASSIFIED

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ORLEANS, LA. 70129. QUOTE. THIS IS DR. CONNELLY'S PROFESSIONAL OPINION. THOMPSON HAS HAD PROBABLY A C56 FRACTURED DISLOCATION WITH AN IMMEDIATE AND PERMANENT TRANSVERSE MYELITIS WITH PRESERVATION OF ONLY THE 5TH AND 6TH CERVICAL ROOTS. THERE IS NO EMERGENCY SURGERY THAT WOULD HELP. HE SHOULD BE MAINTAINED IN A SKELATAL TRACTION TO STABILIZE AND ALING THE FRACTURE SITE, AND SUPPORTIVE CARE TO PREVENT PULMONARY COMPLICATIONS, URINARY COMPLICATIONS, AND SKIN BREAKDOWN. AFTER HE IS STABILIZED, IF

YOU CAN GET SATISFACTORY AIR TRANSPORTATION AND A MEDICAL ATTENDANT TO GO WITH HIM, PROVIDED HE REMAINS IN A SKEL TRACTION WITH ENDOTRACHEAL SUCTION AND PORTABLE OXYGEN HE COULD BE BROUGHT BACK TO THE US. GET HIM TO A REHABILITATION CENTER AFTER STABILIZATION OF FRACTURE EITHER SURGICALLY OR WITH A HALO DEVICE. THE PROGNOSIS WILL PROBABLY BE PERMANENT QUADROPLEGIA. DR. CONNELLY SAID I CAN GET IN TOUCH WITH HIM ANYTIME SHOULD WE NEED TO. HOPE THIS INFO IS OF HELP. END QUOTE.

13. AFTER SHOWING DR. CHINCHANWALA PARA 12 ABOVE HE STATED QUOTE LUNGS IMPROVING BUT PARALYSIS STATIC. WITH MEDEVAC OF STANDARD YOU DESCRIBE HE CTALD BE MOVED ANYTIME. IT IS RECOMMENDED HE BE TRANSPORTED IN TRACTION AND WITH VENTILATOR AS WELL AS BEING ATTENDED BY ANAESTHETIST DURING TRANSPORT. END QUOTE.

14. BURCH RECEIVED EARLIER TELEX FROM HIS OFFICE SAYING QUOTE WE IN CONTACT WITH CONGRESSMAN HEBERT. HAVE MADE ARRANGEMENTS WITH ARMY GENERAL TO HAVE COMPLETELY EQUIPPED HOSPITAL PLANE PICK UP THOMPSON AND TRANSFER HIM TO MEDICAL FACILITY IN HEIDELBURG, GERMANY, WHERE HE WILL BE COMPLETELY CHECKED BY SPECIALIST; THEN TRANSFERRED TO MEDICAL FACILITY MC GUIRE AIR FOQKE BASE, NEW JERSEY, AND RECHECKED; THEN TRANSFERRED TO SAN ANTONIO AND RECHECKED; THEN RELEASED TO CIVILIAN HOSPITAL. NEED KNOW WHEN HE CAN BE MOVED. END QUOTE.

15. AS NOTED PARAS ONE AND FIVE ABOVE BOTH DOCTORS HONEYMAN AND CHINCHANWALA BELIEVE IT BEST THOMPSON BE EVACUATED TO UNITED STJVES RATHER THAN TO INTERIM POINT IN EUROPE.

16. THOMPSON'S BUSINESS ASSOCIATE AND CONTACT POINT IN US IS MR. D.E. BOWMAN, CAMCRAFT INC., CROWN POINT, LOUISIANA, TELEPHONE 504-689-3487, TELEX 58-7479. HE CAN BE CONTACTED FOR ANY DEPOSIT UNCLASSIFIED

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OF FUNDS OR OTHER REQUIREMDNTS.

17. THOMPSON'S PERSONAL PHYSICIAN IS MR. LOCK, OF THE OCHNER FOUNDATION (PARA 12 ABOVE).

18. THOMPSON'S WIFE, BETTY HAMILTON THOMPSON, AND SON, DAVID CAMERON THOMPSON, ARE BOTH STILL IN DUBAI. THE FAMILY'S US ADDRESS IS 113 EAST RANDALL COURT, GRETN, LOUISIANA 70053. MR. BURCH ASSURES US SHE WILL SIGN WRITTEN DECLARATION REQUIRED BY 360.5-3 (C) (9) OF 7 FAM.

19. IN OPINION OF POST, EARLY MEDICAL EVACUATION IN BEST NATIONAL INTERESTS OF UNITED STATES IN ORDER PROVIDE MEDICAL CARE FOR VERY SERIOUSLY INJURED AMCIT. SUCH MEDICAL CARE NOT AVAILABLE IN MIDDLE EAST AND, IN OPINION HOSPITAL DIRECTOR AND ATTENDING

PHYSICIAN ONLY AVAILABLE IN UNITED STATES. THEY NOT WILLING PERMIT
PATIENT TO BE MOVED EXCEPT BY MEDEVAC, SINCE THIS ONLY TYPE
OF MOVE WHICH WOULD PROVIDE NECESSARY SAFEGUARDS AND RESPIRATORY
ASSISTANCE FOR PATIENT.
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